Leicester Event Medical LTD

Management of Sharps and Inoculation Incidents Policy

DOCUMENT PROFILE and CONTROL

Purpose of the document: To describe in detail the system to be followed for a single approach to the effective reporting and treatment of the management of sharps and related incidents.

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Date	Author/Contributor	Amendments

1. Introduction

The safe handling of sharps is a critical factor for the successful reduction of Blood Borne Virus (BBV) incidents. Inoculation injuries arising from exposure to contaminated sharps and body fluids represent a recognised route of infection, and subsequent risk to ambulance staff and others. It is therefore imperative that all staff adhere closely to the following precautions and procedures in order to minimise the risks associated with the use of sharps.

The term ‘sharps’ applies to a wide range of individual ambulance and hospital equipment as well as environmental hazards. However, these may be more broadly cLEMsified as, although not exhaustive:

- Needles
- Syringes with an integral needle
- Cannulae

- Drug ampoules / containers
- Razors
- Scalpels / blades
- Single use laryngoscope blades
- Magill forceps
- Spikes from giving sets [which cause a tear risk to clinical waste bags]
- Fractured bone
- Broken gLEMs

All sharps are for single use only, and must be stored at all times in their designated containers and / or storage compartment in the vehicle. Body fluid exposure is also a risk to clinical staff, and therefore staff must be mindful of this when dealing with any potential body fluid spLEMh risk. Staff must ensure that disposable gloves are worn as a minimum when handling sharps and / or have contact with body fluids, and that the utmost of care is taken to avoid glove punctures and subsequent skin or spLEMh injury. All sharps must be disposed of as clinical waste, into designated sharps containers.

All procedures involving the use of sharps must only be practised by staff that have received the relevant training, and as a result are duly authorised to perform the required procedure.

Inoculation injuries are described as:

- When blood or other body fluids comes into contact with non-intact skin (e.g. cuts, scratch, abrasions, sores, chapped skin, etc.), or mucous membranes, including the eyes

- A needlestick injury or a cut with a sharp instrument

- Bites from patients are also cLEMsed as inoculation injuries and therefore this policy should be followed in the event of a member of staff being bitten by a patient

2. Scope

This policy covers arrangements to ensure effective infection control in respect of the company's operations and responsibilities to the safe management of sharps, needle stick and inoculation injuries.

The Health and Social Care Act 2008 places a responsibility upon the Company to deliver high quality infection prevention and control practice throughout the organisation. The Company also recognises the regulations laid out by the Health and Safety at Work Act 1974 and Management of Health and Safety at Work 1999.

This policy applies to all relevant personnel employed by or that come into contact with the Company, including patients, the public, contractors and voluntary staff.

All staff should familiarise themselves with the policy. It is the responsibility of each individual to reduce Healthcare Associated Infections (HCAI's) and the transmission of infection. The Company recommends that employees apply the principles of this policy as a minimum standard within their practices to ensure that their professional and contractual responsibilities are discharged.

3. Objectives

3.1 To outline the duties and responsibilities of all staff regarding the safe and effective management of sharps.

3.2 To reduce the overall risk of injuries.

3.3 To ensure the procurement of equipment that will limit the risk of injury by purchasing safer sharps and appropriate Personal Protective Equipment (PPE).

3.4 To ensure a standard reporting procedure for the reporting of needle stick and inoculation injuries.

3.5 To give managers an accepted process for the effective management of an inoculation incident including Post Exposure Prophylaxis (PEP).

3.6 How the Company trains staff, in line with the training needs analysis.

3.7 How the Company monitors compliance with points 3.1 through to 3.6.

4. Responsibilities

4.1 Company Board

Leicester Event Medical(LEM) Company Board is committed to and responsible for the control and prevention of infection. The Company Board will ensure that appropriate management systems for the use of sharps, needle stick injury and inoculations are in place and that patients, staff and other persons are protected against risks of acquiring healthcare associated infections through the provision of appropriate care, with good clinical practice.

The Company Board has overall responsibility for monitoring the effectiveness of infection control measures. It will monitor sharps use and incidents using the Assurance Framework.

4.2 Managing Director

The Chief Executive of the Company has overall statutory responsibility. The Chief Executive delegates this responsibility to a Director for Infection Prevention and Control (DIPC), the Chief Quality Officer.

4.3 Director of health, safety & security (HSS)

4.4 It is the responsibility and role of the Director of health, safety & security to:

- Report directly to the Managing Director, and the Company Board to ensure that any changes in legislation or national guidance relating to the management of sharps are made known to the Company

- Ensure that the Company provides adequate resources to secure effective prevention and control of healthcare acquired infections

- Ensure that appropriate actions relating to the prevention and control of infection are taken following recommendations from the Company Board
- Ensure that the Company Board receives regular reports (including key performance indicator reports) with regards to needle stick injury and inoculations

- Be responsible for the Infection Control Team (ICT) within the Company

4.5 Head of Infection Prevention and Control (IPC)

The Head of IPC has delegated responsibility from the HSS to provide infection control advice to all disciplines within the Company on a day to day basis.

- To produce written reports on compliance with the Health & Social Care Act 2008 for the Care Quality Commission registration requirements and have oversight and assurance that accurate records are kept of all needle stick injury, inoculations and activities

- To advise line managers within the Company on the implementation of agreed
  policies in their areas

- To ensure that sharps and inoculation incident data are reported to the Company's Infection Prevention Control Committee and other appropriate committees within the Company's governance structure

- To undertake, under the direction from the Head of Operations research for evidence based practice and clinical effectiveness and the planning of future services and training needs

4.6 Heads of Department

All Managers must ensure that safe use of sharps and infection prevention and control is an integral part of their everyday role; as stated in the Management of Health and Safety at Work Regulations 1999. Their responsibilities should include:

- Ensuring that current legislative and mandatory requirements are met

- Ensuring that the Company's Management of Sharps and Inoculation Incidents Policy is made available to all staff and that it is maintained with necessary updates

- Compliance with the LEM Company Management Policy is monitored and where necessary, appropriate action is taken

- Adequate liaison and consultation is maintained with the Safety Representatives and local Infection Prevention and Control Champions

- Information on needle stick and inoculation injury related matters is disseminated to all staff

- All reported incidents, including near misses in relation to infection control are sufficiently investigated by managers with appropriate action taken to prevent reoccurrence

- Follow up any cases where a BBV could be contracted with a root cause analysis; seeking support from the local PHE Health protection Unit, if appropriate

4.7 Occupational Health Service (OHS)

The role of Occupational Health is assessing the risk following Body Fluid Exposure (BFE), undertaking the management of the BFE, collating data and reporting back to the Company.

- Staff who sustain a BFE should contact the local A&E department (usually the same department as the source patient) where a risk assessment will be undertaken.
- The OHD should be contacted by telephone as soon as possible to arrange follow up management of the BFE
- Regular reporting by OHS

4.8 Health, Safety and Security

All incidents of sharp and inoculation injury should be reported to the Health, Safety and Security department and an incident report completed on casus. The Health, Safety and Security department will:

- Check the incident on the casus system

- Provide monthly figures of sharps and inoculation injuries for inclusion in the monthly IPC meeting,

- Report incidents of sharps and inoculation injuries to the Infection Prevention and Control Committee

- Report incidents of device failure to the appropriate agencies and to take action where alerts are received in relation to devices used within the Company

4.9 All Employees

The Health and Safety at Work Act 1974 also places duties upon Company employees with regard to health, safety and welfare. Company policies also require employees to take responsibility for their own and others safety. Therefore, LEM Company staff must:

- Understand their responsibilities under this policy and related guidelines, to maintain and increase their knowledge of the subject relative to their role
- Take reasonable care of their own safety and that of others who may be affected by their acts or omissions
- Have due respect for any equipment provided in the interests of health, safety and welfare
- Have available and wear the correct PPE when required and to immediately report any defects in such equipment
- Conform to LEM Company policies and procedures relating to infection control / incident reporting / investigation
- Report all incidents, including near misses, involving themselves, a patient or any other persons as per the LEM Company incident reporting procedure

5. Procurement of Sharps and Personal Protective Equipment (PPE)

The Company will ensure, as far as reasonably practicable, to purchase the most appropriate equipment for the task that is required. This is to include, although not a comprehensive list;

- Medical gloves Safety cannula
- Self-retracting capillary blood glucose testing needles
- Non-sharp laryngoscope blades
- British Standard (BS) sharp disposal containers
- Carrying / transport packaging i.e. foam filled drugs packs, morphine cases
- Intraosseous (IO) kits
- Eye protection
- Disposable face masks

- Ampoule Breakers

The Company will undertake regular monitoring of the purchasing of sharps and PPE to reduce the risk of inoculation injuries.

5.1 Storage

All equipment, when stored, should be kept in a dirt and dust free environment, free from excessive moisture and exposure to extreme temperatures.

6. Duties

6.1 Ampoule Breakers

Where available an authorised ampoule breaker should be used to break glass drug ampoules / vials. In the absence of an ampoule breaker, a piece of gauze or blue roll should be used as a barrier between the glass ampoule and the clinician's gloved hand.

6.2 Safe Use of Sharps

Is the procedure necessary?
Before undertaking any procedure which involves the use of a sharp or involves the outflow of body fluids, ensure that the procedure **is** necessary.

Are the conditions optimum?
Only undertake the procedure after the completion of a dynamic risk assessment, and if any of the conditions are not optimum try to change them. If you have to undertake the procedure under less than optimum conditions ensure this is recorded.

Cannulation, intramuscular (IM) injections, subcutaneous injection, IO, capillary blood glucose testing and other procedures involving the use of sharps should only be attempted in the ambulance when it is stationary.
Where safer needles and cannulas are provided, they should be used.
Where safer devices are not available, the needle should only be removed from its sheath once the puncture site has been prepared, and only then just prior to the intended use of the item. Under no circumstances are needles to be resheathed, including during the disposal stage.
Extreme care must be taken when attempting invasive procedures on patients who are restless or aggressive.

6.3 Safe Disposal of Sharps

The Company provides different sizes of sharps containers, both for bracket mounting in an ambulance, and smaller variations for insertion in the Primary Response Pack and Paramedic Packs as appropriate. It is important that staff use the sharps containers approved and supplied by the Company, and abide by local policies if using the sharps containers of other healthcare providers.

Staff should familiarise themselves with the assembly instructions and locking devices on each of the sharps containers provided by the Company.

All used needles and sharps must be disposed of immediately after use, and placed directly into a sharps container **by the person who has used the item**. It is vital that sharps are never disposed of into waste bins, plastic bags, blankets, drugs packs etc., or anywhere other than in a recognised sharps container.

The use of safety devices such as a safety cannula does not alter the need to safely dispose of used sharps. The online casus reporting mechanism should be used for any near miss incidents such as needles incorrectly disposed of.

Where possible, paper or plastic packaging should not be placed into sharps containers, as this reduces their capacity. However, should removal of the packaging present any risk of subsequent injury, then the packaging and the sharps should be disposed of together.

In the circumstances where a needle and syringe have been prepared for percutaneous [through the skin] use e.g. a subcutaneous injection, needles and syringes must always be disposed of as one unit. Never attempt to re-sheath, or separate a needle from its syringe. Safer devices provided by the Company should be used when these are available.

Blunt fill needles supplied specifically for drawing up drugs can be carefully twisted off the syringe by the practitioner and placed immediately into the sharps bin.

When disposing of sharps, care must be taken to prevent the outside of the sharps container from becoming contaminated. If this occurs use standard cleaning precautions to the affected area. A sharps container should always be visibly clean.

The sharps container should be changed when it reaches the fill line. Sharps containers must never be filled beyond the fill line, when the sharps will no longer drop cleanly through the flap or they have been in use for three months; this must take place as soon as practicable, after any of these events has occurred. Under no

circumstances should items be forced through the flap, and fingers must be kept out of the container at all times.

Staff must never attempt to transfer the contents from one container to another, e.g. from a small to a large sharps box.

The date of assembly and initials of the person should be placed on the sharps container as soon as it is put to use. When ready for disposal the sharps container must be securely sealed, containers should routinely be disposed of on a three monthly basis, even if the fill line has not been reached. When sealing the container; the point of origin, i.e. vehicle fleet number, in addition to the station code and name or signature of the person who sealed the container and disposed of it must all be entered onto the sharps box label.

The openings of sharps boxes must be closed and secured, prior to placing in the clinical waste sharps bin on station. Sharps boxes must never be placed in clinical waste bags.

All sharps boxes will have standard legal and safety markings, these include a biohazard symbol, maximum fill line, label containing the start and finish date, CE markings and they all must meet the British Standard (BS 7320:1990).

6.4 Sharps / Inoculation Injuries

All body fluids must be regarded as infectious, so any exposure should be viewed as a potential hazard to Company staff, its contractors, students, and volunteers. It is therefore imperative that any inoculation incident that involves contact with body fluids is treated with the utmost care, and with close attention to the procedure in section 7.

Incidents involving risk of blood-borne infection include, although not exhaustive:

- Needle stick or other sharp injury
- Contamination of broken skin with body fluids
- Contamination of broken skin with body fluid soaked clothing or linen
- Body fluid splashes to mucous membranes, e.g. eyes or mouth
- Oral contact with a person’s blood, vomit or mucous, e.g. after performing direct mouth-to-mouth resuscitation

- Human bites

- Animal bites (if the animal has had contact with more than one person)

- Environmental objects at the scene of an incident that may be contaminated with body fluids i.e. RTC – broken glass, sharp metal.

If you come into contact with any of these potential risks you must complete a dynamic risk assessment, choose and use the appropriate personal protective equipment.

7. Untoward Incidents

The following course of action must be taken if any of the above incidents occur:

7.1 **REACT:** Ensure the sharp, if present, is disposed of safely into a sharps container.

7.2 Encourage the wound to bleed, but do not suck the wound.

7.3 Wash the site immediately with soap and water, or wipe with a detergent wipe; apply alcohol hand gel if unable to access conventional hand washing facilities. However, still wash the wound thoroughly with soap and water at the earliest opportunity, and cover with an impermeable waterproof dressing.

7.4 Treat body fluid splashes to the eyes with ample irrigation of water or saline, and those to the mouth with copious amounts of water, do not swallow. Wash the face thoroughly with soap and water.

7.5 **REPORT:** Notify the control room and arrange immediate attendance at the nearest A&E department. The hospital will require details of how the incident occurred, as well as all information relating to the source patient. In the majority of cases, this process will of course be made easier by the fact that the patient and the staff member will be treated at the same hospital.

7.6 **RECORD:** All incidents and near misses must be completed on cases as soon as practicable.

However, the potential exists to sustain sharps or inoculation injuries when either the source of the contamination is not known, or when the patient involved refuses to travel. In these cases, it is still essential that the injured party reports immediately to their nearest A&E department, in order for the degree of risk to be assessed.

It is likely that blood samples will be sought from the injured party, as well as the source if present. Information relating to the injured party's Hepatitis B, and Tetanus immunisation status would also be helpful in this situation, so staff should maintain a current awareness of their vaccination record.

On completion of the risk assessment, the doctor may offer a course of prophylactic treatment. This will be fully discussed with the individual, and may be commenced before all investigations have been completed.
Advise director of operations of the situation at the earliest opportunity, who will arrange notification to the relevant line manager, or Group Station Manager as appropriate. Enter the Incident report on casus.

Contact the Occupational Health Service to inform them of the situation, and act on any further advice or guidance as provided.

8. Statutory Law

8.1 Employers have a general duty under section 2(1) of the Health and Safety at Work Act 1974 to ensure; so far as is reasonably practicable, the health, safety and welfare at work of all their employees.

8.2 Section 2(2) of the Health and Safety at Work Act 1974 gives a detailed list of things to which the employer must, so far is reasonably practicable, pay particular attention. Those relating to this policy are;

- Making arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances

- The provision of such information, instruction, training and supervision as is necessary to ensure the health and safety at work of the employees

- The provision and maintenance of a working environment for employees that is safe, without risks to health and adequate as regards to facilities and arrangements for their welfare at work

8.3 Employees also have a duty under section 7 of the Health and Safety at Work Act 1974, to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions at work. Therefore, employees should use correctly all work items provided by their employer, in accordance with the training

provided and the instructions they receive to enable them to use items safely.

8.4 Employees duties under section 7 of the Health and Safety at Work Act 1974 also include co-operating with their employer to enable the employer to comply with statutory duties for health and safety.

8.5 The Management of Health and Safety at Work Regulations 1999 require the employer to assess any risk arising from a work activity, taking remedial

action as appropriate and to have suitable arrangements for safeguarding the health and safety of employees and others.

8.6 The Department of Health is firmly committed to reducing healthcare associated infections. The Health and Social Care Act 2008 (HSC) establishes the Care Quality Commission (CQC) to register, review, investigate and support improvements in the care provided to patients; and requires providers to have a system in place to manage the occupational health needs and obligations of staff in relation to infection . The Act also established a Code of Practice (often referred to as the Hygiene Code). This Code of Practice applies to all health care providers, NHS and private, including hospitals, care homes and transport providers.

8.7 The Health and Safety Executive:‘ A guide to the reporting of injuries, diseases and dangerous occurrences regulations 2013 requires the Company to report any incidents that involve:

1. Acute illness is caused by exposure to a biological agent or its toxins or infected material through a contaminated sharp (***acute*** illness that seroconverts from the incident, i.e.:

   a. Progresses rapidly to a crisis after the onset of symptoms;

   b. Has severe symptoms

2. An employee is injured by a sharp ***known*** to be contaminated with a bloodborne virus

   These incidents are reported by the Health, Safety and Security Department using the appropriate RIDDOR procedures.

9. Management Process of Untoward Incidents

9.1 Low Risk Incidents

A low risk incident can be classified as an injury obtained from a sharp that is 'clean' i.e. a needle that has just been unsheathed (including IO), capillary blood glucose testing lancet before patient contact, a glass vial whilst opening.

When a low risk incident has occurred the employee must follow steps 7.1 to 7.4 of this policy, then inform the control room as soon as reasonably practicable with the details of the incident which will be logged and passed to line management and / or station management team as suitable.

On return to station the incident must be reported on casus and processed as per the Incident Reporting Procedure HS/011.

Where equipment failure is the cause of an injury the equipment should be, when possible, retained for further examination and where necessary reported to the Medicines and Healthcare products Regulatory Agency (MHRA).

9.2 High Risk Incidents

A high risk incident can be classified as any occurrence where there is known or potential risk of BBV transmission via contact with contaminated sharps or body fluids. On the occurrence of a high risk incident the employee must follow steps 7.1 to 7.5 of this policy.

On return to station the incident must be reported on casus and processed as per the Incident Reporting Procedure HS/011. Any follow up shall be undertaken by the manager that the incident was reported to, or their peer, and follow the guidance for the reporting and monitoring of clinical incidents relating to sharps and inoculations (refer to LEM Sharps / Contamination Injury – Guidance for Occupational Health Staff).

The reporting manger should;

- Ensure that all immediate aid (First Aid) has been carried out. Liaise with A&E staff carrying out the risk assessment and provide input into the risk assessment. A&E may assess that the risk that the source patient could be carrying a BBV necessitates them being tested against Hepatitis B, C and HIV

- Contact the Occupational Health Department

2. The manager should provide the relevant information to the OHS

- If the material and injury type are considered to be a high risk, medical staff managing the source patient's care should be informed and asked to perform an urgent preliminary assessment of the risk of carriage of BBV. The purpose of this assessment is to identify the management of risk for Hepatitis B and or Hepatitis C and whether PPE for HIV is required. If a distinct risk is identified the employee will be given PEP, treatment and advice in A&E

- The employee should be referred to the OHS, reference to the fact that the referral is the result of a sharps / inoculation injury should be clearly stated on the referral

- Conduct a thorough investigation as to the cause of the incident / injury, and forward a copy of the report to Health, Safety and Risk and Human Resources departments,

- Adopt immediate preventative strategies as necessary, e.g. safe disposal of sharps, sharps containers and safe closure of these containers. Please ensure that a list of all actions undertaken is included within the report.

The Company has a responsibility to ensure that all employees are trained in the sharps / inoculation injury procedures, and the safe disposal of sharps and sharps containers.

IMPLEMENTATION PLAN				
Intended Audience	For all LEM staff			
Dissemination	Available to all staff on salus			
Communications	Revised Procedure to be announced in salusand a link provided to the document			
Training	All clinical staff providing healthcare services should be competent in their practice. Training is provided to all appropriate staff, in accordance with the Training Needs Analysis. Competence is tested and recorded before the clinician can undergo practical experience in a controlled environment, where then they can be deemed to be proficient in the management of sharps.			
Monitoring: Via the IPCT 6 weekly meeting for Operational issues and the IPCC quarterly meeting receives assurance data from Health & Safety Manager				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Duties including; • How inoculation incidents are reported (Paragraph 7)	Annual PDR process	reporting via Area Quality Meetings that feed into the quarterly Corporate Health & Safety Committee	Infection Prevention and Control Committee/Taskforce	Learning disseminated via various mechanisms including Medical Directorate Bulletins, Area Quality

• Process for the management of an inoculation incident (including prophylaxis) (Paragraph 9)	Quarterly review of sharps and inoculation injuries, update via IPC balanced scorecard, Quarterly review of procurement process by Clinical	Head of IPC provides regular assurance reports; annual report Health and Safety Manager reports to the Infection Prevention and Control Committee	Clinical Safety and Standards Committee Corporate Health & Safety Committee	Meetings, Routine Information Bulletins, etc

Sharps incident data	Equipment Group Reported annually through the Director of IPC annual report			